11-10-39
ev. 5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED OCT 23 1940

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 31490

Registration District No. 83

Primary Registration District No. 5124

Registrar's No.

1. PLACE OF DEATH:

(a) County: Buchanan

(b) ~~City or town~~: No

(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: None

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or Institution: None (Specify whether years, months or days)

In this community: 75 years

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Buchanan

(c) City or town: Dearborn, Mo. Rural

(If outside city or town limits, write "RURAL")

(d) Street No.: None

(If rural, give location)

(e) If foreign born, how long in U. S. A.? No years.

3. (a) PRINT FULL NAME: Martha Jane Emery

3. (b) If veteran, name war: No

3. (c) Social Security No.: None

4. Sex: Female

5. Color or race: White

6. (a) Single, widowed, married, divorced: W

6. (b) Name of husband or wife: Joseph Emery

6. (c) Age of husband or wife if alive: 75 years

7. Birth date of deceased: Feby (Month) 14th. (Day) 1865 (Year)

8. AGE: Years 75 Months 7 Days 3 If less than one day ___ hr. ___ min.

9. Birthplace: Buchanan Co (City, town, or county) Missouri (State or foreign country)

10. Usual occupation: House Keeper

11. Industry or business: None

MOTHER FATHER

12. Name: Benjamin Parish

13. Birthplace: North Carolina (City, town, or county) (State or foreign country)

14. Maiden name: Nancy Belcher

15. Birthplace: Kentucky (City, town, or county) (State or foreign country)

16. (a) Informant: James Modrell

(b) Address: 201-East Kansas St. St. Joseph

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: Sept 19th. (Month) (Day) (Year)

(c) Place: burial or cremation: Old Frame Cemetery

18. (a) Signature of funeral director: Lucian Davis

(b) Address: Dearborn, Missouri

19. (a) 9-19-40 (Date received local registrar) (b) [signature] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 17th year 1940 hour 110 minute 30 P. M.

21. I hereby certify that I attended the deceased from June 1, 1940 to Sept 17, 1940 that I last saw her alive on Sept 11th, 1940 and that death occurred on the date and hour stated above.

Immediate cause of death: Myocarditis — Duration: 1938

Due to: Age & Decline — Duration: Jan 1st

Due to: — Duration:

Other conditions (Include pregnancy within 3 months of death): None — Duration: None

Major findings: Of operations: None

Of autopsy: None

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? (Specify type of place) (e) Means of injury

23. Signature: M. T. Moore (M. D. or other)

Address: Dearborn Date signed: Sept 19 1940

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by me ✓, Registered Apprentice No. ✓, working under my personal supervision.

Signed Lucian Davis

Licensed Embalmer No. 4168

P. O. Address Dearborn Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.